

REQUEST FOR DEFERRAL/WAIVER

PLEASE READ AND FOLLOW INSTRUCTIONS.

A.R.S. §12-302

On request, a customer will be given a Deferral at the time of filing of documents if he/she qualifies for either a Deferral or a Waiver. The payment required at the time of filing will be based on the information you provide in your financial questionnaire. Please be aware that if you claim government assistance, you must have current proof of such. To find the amount you must pay at the time of filing; find the row listing family size and the column with your monthly gross income on the FEE DEFERRAL CHART. You may have to pay the full amount or, if eligible, be assigned one of three payment plans:

- (A) Make a partial payment of 25% and the balance in three monthly payments.
- (B) Make a partial payment of \$10.00 and then pay \$10.00 per month until amount is paid in full.
- (C) Make no payment until the final hearing of case, at which time you may ask the court for a waiver. A waiver can only be requested at the final hearing or when notice is received from the Clerk of Court. Client has 20 days to submit a supplemental application for a waiver of full amount owed or request an extension of the deferral. If no supplemental application is received within 20 days of judgement, then full payment is due.

Please note:

We accept both Visa and MasterCard.

Reminder:

Please read and follow all instructions.

DEFERRAL/WAIVER applications must be completely filled out. If not, your application will be rejected and the Deferral will be denied.

**MARICOPA COUNTY COURT FEE DEFERRAL CHART
EFFECTIVE JANUARY 1, 2003**

Monthly Gross Income

Family Size	Column 1	Column 2	Column 3	Above
1	\$1,108	\$1,292	\$1,661	Denied
2	\$1,493	\$1,741	\$2,239	Denied
3	\$1,878	\$2,190	\$2,816	Denied
4	\$2,263	\$2,640	\$3,394	Denied
5	\$2,648	\$3,089	\$3,971	Denied
6	\$3,033	\$3,538	\$4,549	Denied
7	\$3,418	\$3,987	\$5,126	Denied
8	\$3,803	\$4,436	\$5,704	Denied
For each additional person, add	\$385	\$449	\$578	Denied

Payment amount	Full Deferral	\$10 down \$10 per month	25% down 25% per month	Full amount
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FIND THE ROW OF YOUR FAMILY SIZE AND COLUMN OF YOUR MONTHLY GROSS INCOME. THIS WILL INDICATE WHAT YOU MUST PAY AS YOUR MONTHLY COURT FEE.

IF YOUR INCOME IS ABOVE THE AMOUNTS IN COLUMN 3, THE TOTAL FILING FEE IS DUE AT THE TIME OF FILING.

PROOF IS NEEDED FOR THOSE INDICATING TO BE A FOOD STAMP, TANF, OR GENERAL ASSISTANCE RECIPIENT. THIS IS ALSO TRUE FOR SSI PARTICIPANTS AND CLIENTS OF COMMUNITY LEGAL SERVICES.

IF YOUR PRESENT INCOME INDICATES THAT YOU SHOULD RECEIVE A TOTAL DEFERRAL OF FEES, THE JUDGE AT THE END OF THE CASE WILL DETERMINE HOW MUCH YOU SHOULD PAY.

CASE NUMBER: _____

Plaintiff / Petitioner

v.

Defendant / Respondent

DATE: _____

Applicant,
Document
Preparer, or
Special
Commissioner

Complete all
information in
this section.

DEFERRED FEE APPLICATION INFORMATION

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

SSN: _____

CC # _____

EXPIRATION DATE: _____

ZIP CODE: _____

PHONE (H): () _____

PHONE (W): () _____

DO YOU HAVE AN ATTORNEY? ☐ YES ☐ NO

LAST 3 DIGITS ON SIGNATURE PANEL: _____

FINANCIAL STATUS OF A DEFERRED FEE

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

FEE CODE # _____ TYPE _____ \$ _____

TOTAL AMOUNT OF FEES THAT HAVE BEEN DEFERRED: \$ _____

AMOUNT OF PARTIAL PAYMENT PAID AT TIME OF FILING: \$ _____



☐ CASH

☐ CHECK

BALANCE: \$ _____

Special
Commissioner

Complete all
information
for each
deferred fee
in this section.

Special
Commissioner

Complete this
section if a
payment plan
is set up.

Cross out if
deferred until
further notice
or waived.

BALANCE OF DEFERRED FEE(S) DUE ON _____ DAY OF _____, 20____

I (APPLICANT) SHALL MAKE (☐ WEEKLY ☐ MONTHLY) PAYMENTS OF \$ _____

FINAL PAYMENT IS DUE ON OR BEFORE (BUT NO LATER THAN) THE DUE DATE ABOVE.

ANY BALANCE LEFT OUTSTANDING AFTER THE DUE DATE WILL BE SENT TO A COLLECTIONS AGENCY.

Applicant's

SIGNATURE: _____

Special
Commissioner

Check why
deferred until
further notice
or waived.

☐ EXTENSION

☐ TEMPORARY ASSISTANCE TO NEEDY FAMILIES

☐ FOOD STAMPS

☐ SSI

☐ GENERAL ASSISTANCE

☐ COMMUNITY LEGAL SERVICE

☐ < 150%

Applicant's

SIGNATURE: _____